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Bib Data Sheet

CONFIRMATION NO. 8442

<b>SERIAL NUMBER</b> 09/910,186	<b>FILING DATE</b> 07/20/2001 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> A33626A 067252.0107
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/611,419 07/06/2000  
WHICH CLAIMS BENEFIT OF 60/133,866 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,868 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,869 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,865 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,873 05/12/1999  
AND CLAIMS BENEFIT OF 60/133,867 05/12/1999  
AND CLAIMS BENEFIT OF 60/146,192 07/29/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

PCT/US00/12890 05/12/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

21003

**TITLE**

Recombinant vaccine against botulinum neurotoxin

<b>FILING FEE RECEIVED</b> 1614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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